by Shaffer and his co-workers. The therapeutic value of the serum unfortunately could not be explored at the time.

There is also the possibility that we might have been faced with a re-transmission of the living serum which, in the meantime, would have multiplied in the animal's blood. A re-transmission to monkeys, which, indeed, would be the only definite proof of this theory, was impossible for technical reasons. Further experiments on the human subject had also to be abandoned in view of the seriousness of the symptoms provoked.

The objection might also be made that the rabbit, by treatment with human pus, may have been sensitized against human protein. This sensitized serum may subsequently have produced passive anaphylaxis in the human organism and the shock would therefore have to be considered a perfectly non-specific reaction. This theory, however, fails to disclose why any such manifestations were not observed in connexion with sheep serum. And further, the question remains unanswered as to why it is a dose of 25 cubic centimetres of human convalescent serum that should be the particular one to provoke the reaction. Therefore we think it likelier that we are dealing with a specific lymphogranuloma reaction due to overdosage of the serum of inoculated rabbits as well as human convalescent serum.

Summary

For experimental reasons, in order to ascertain whether there is a possibility of treating lymphogranuloma venereum with animal convalescent serum, three rabbits were injected intravenously with pus from lymphogranuloma patients. The animals did not develop any clinical symptoms. Upon treatment with serum derived from these animals two patients with lymphogranuloma venereum showed violent shock reactions, whereas normal rabbit serum had proved quite innocuous to these patients. Sheep serum obtained in a similar manner provoked no ill effects.

[These experiments were carried out at the Dermatological University Hospital in Prague with the assistance of the Department of Health of the Czechoslovak Government before the war.]

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Syphilitic paroxysmal haemoglobinuria

The Royal Australian Air Force Hospital in Sydney reports a case of paroxysmal haemoglobinuria from cold. An air observer, aged twenty-two years, had not any trace of syphilis and had been in good health. During his training in Canada he became very cold one day in his airplane and on landing passed red urine. Four days later the incident was repeated. When questioned he stated that between the ages of seven and twelve years he had passed red urine six or seven times during each winter when he had been extremely cold. An attack was produced by standing in a bucket of iced water for fifteen minutes. The Wassermann reaction and the Donath-Landsteiner test yielded positive results. The fundamental cause of this disease is syphilis; antisyphilitic treatment should be given for it sometimes brings relief.—*Medical Journal of Australia*, 18th December, 1943.

Syphilis treated with phenarsine hydrochloride

Boardman and Kaldeck report that a year and a half ago the treatment of syphilis with phenarsine hydrochloride was begun at Boston City Hospital. Ten to twenty injections, with alternating courses of fifteen injections of bismuth were given. Doses for men were from 0·030 to 0·067 gramme; for women they were from 0·030 to 0·045 gramme. Severe gastro-intestinal reactions caused five patients to abandon treatment. Seven patients experienced such severe reactions that they had to give up treatment. Mild reactions occurred in many cases; phenarsine was then given in smaller doses, with 10 cubic centimetres of either 50 per cent glucose or 10 per cent sodium thiosulphate. One patient in whom jaundice and hypocromic anaemia had developed completely recovered. There were not any deaths. The one case of primary syphilis which had not become negative had had only twelve injections of phenarsine and no bismuth during eight weeks. Lesions in primary and secondary syphilis healed in an average period of twenty-two days or 3·14 weeks. The percentage of serological reversals from positive to negative proved to be as large as that obtained with marpharsen and other arsenicals.—*New England Journal of Medicine*, 6th January, 1944.